

FILED JUL 30 1947

Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 197

1. PLACE OF DEATH:

(a) County. Boone

(b) City or town. Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 4 Days
(Specify whether years, months or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Boone 10

(c) City or town. Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 Walnut St. 4
(If rural, give location) No 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME. MARY JOSEPHINE BROWN

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex. Female/ 5. Color or race. White

6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. 12 - 9 - 1869
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 77 | 7 | 10 |hr.....min. |

9. Birthplace. Audrain County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. At Home

11. Industry or business.....

MOTHER FATHER { 12. Name. William Brown

13. Birthplace. Callaway County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Margaret Cabherine Gurry

15. Birthplace. Callaway County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Joe Brown
(b) Address. Columbia, Missouri

17. (a) Burial (Burial, cremation, or removal) Westminister Cemetery
(b) Date thereof. 7-20-1947
(Month)-(Day) (Year)

(c) Place: burial or cremation. Westminister Cemetery

18. (a) Signature of funeral director. Career Funeral Service
(b) Address. Columbia, Mo.

19. (a) 7-22-47 (Date received local registrar)
(b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day. 19 year. 1947 hour. 10 minute. 50 A.M.

21. I hereby certify that I attended the deceased from July 7 - 14, 1947 to July 7 - 14, 1947

that I last saw him alive on July 7 - 14 - 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of lungs. In hosp. 7 days.

Due to.....

Due to.....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 478

Of autopsy: An above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place)

(e) Means of injury

23. Signature. W. S. Bryant (M. D. or other) Date signed. 7-21-47
Address. Columbia, Mo.

Duration

Do not prescribe

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 29 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed Tom McHarg
Licensed Embalmer No. 4067
P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.